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	RATION		Attorney Doc	ket Number	CRD10	64NP			
POWER OF	AND OF ATTORNEY		First Named	Inventor	Don Ta	naka			
	FOR UTILITY OR DESIGN			COMPLETE IF KNOWN					
	PPLICATION								
(37 CF	R 1.63)	Declaration Submitted after intelligible (Surcharge 37 CFR 1.16(e)) required)	Application N	lumber					
Declaration Submitted with (nitrat Filing OR	OR index Filing (S		Filing Date						
	(37 CFK 1. 19(e))		Group An U	nd					
			Examiner Na	ame					
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which is patent is sought on the inventor entitled.									
LONG TERM OXYGEN THERAPY SYSTEM (Title of the Invention)									
the specification of which									
⊠ rs attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign prionty benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patient or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Соцпру		Filing Date DIYYYY)	Priority Not Claims			od Copy ched? NO		
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto-

DECLARATION - Utility or Design Patent Application									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date (MM/DD/YYYY)								
60/389,907	July 31, 2002	Addechal provisional application nullinbers are listed on a suppliermental priority data sheet PTO/SBJ028 attached hereto							
Lharahy claim the hanafe under Title 35 11	read States Code 6120 of any I hated State	e anni-strontel total helps and inerfer							
I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) tested below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the netional or PCT international filing date of this application:									
Application Serial No.	Filling Date	Status							
		Patented Patented Patented							
I hereby appoint.									
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here								
Practitioner(s) named below Name Registration Number									
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith									
Address all telephone calls to Carl J. Evens at telephone number (732) 524-2518									
Customer Number Direct all correspondence to Stories Codes Labet 000027777 OR Correspondence address below									
Name:									
Address:									
Address:									
City:	State:	ZIP							
Country	Telophone:	Fax:							

I hereby declare that all statements mad information and belief are believed to be that willful false statements and the like to S C 1001 and that such willful false statement thereon	true; and tunherso made are pun	that these statishable by fine	stements were	made with the knowledge lent, or both, under 18			
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)) Don		Family Name or Sumame	Tanaka				
invertor's D			Date JV	LY 01, 2003			
Residence: City Santtogs	State CA	Court	try USA	CitizenshipUSA			
Mailing Address 18774 Davon Avenue							
City Saratoga	State CA	21P 9	95070	Country USA			